

PTO/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENT**AMENDMENT TRANSMITTAL FORM**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 9286/001C1/
13209.101C1/040819CIP1
In Re Application of: McKenna et al.
Serial Number: 09/731,674
Filed: December 6, 2000
Examiner: Danh C. Le
Group Art Unit: 2683

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

| CLAIMS | (a) Number Remaining After Amendment | (b) Highest Number Previously Paid For | (c) Extra Claims | Large Entity Fee | Fee Paid |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------|------------------------|------------------|--------------|
| Total* | 27 | 43 | 0 | x \$18 = | \$0 |
| Independent** | 2 | 3 | 0 | x \$86 = | \$0 |
| Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | \$290 | \$0 |
| EXTENSION FEES <input type="checkbox"/> One Month <input type="checkbox"/> Two Months <input checked="" type="checkbox"/> Three Months | | | | \$110 | \$0 |
| | | | | \$420 | \$0 |
| | | | | \$950 | \$950 |
| TERMINAL DISCLAIMER | | | | \$110 | \$0 |
| | | | | TOTAL FEE | \$950 |

*If the number in column a is less than 20, enter 0 in column c.
**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$950.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: September 2, 2004

Signature: Sandip (Micky) S. Minhas, Reg. No. 44,943
(858) 651-4908QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))**

I hereby certify that this correspondence is, on the date shown below, being:

MAILING**FACSIMILE**

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name:

(type or print name)

Depositor's Name: Stacy Dumrauf

(type or print name)

Signature: 

Date: September 2, 2004

(TRANSAMD.VER1.13-04/30/04)

03/18/2005 TDAWKINS 00000002 170026

09731674

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

09731674

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

| FOR | NUMBER FILED | NUMBER EXTRA |
|---------------------------------------------------|--------------|--------------|
| BASIC FEE (37 CFR 1.16(a)) | | |
| TOTAL CLAIMS (37 CFR 1.16(c)) | minus 20 = | * |
| INDEPENDENT CLAIMS (37 CFR 1.16(b)) | minus 3 = | * |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) | | |

| RATE | FEE |
|--------------|----------|
| | \$ _____ |
| X \$ _____ = | |
| X \$ _____ = | |
| + \$ _____ = | |
| TOTAL | |

| RATE | FEE |
|--------------|----------|
| | \$ _____ |
| X \$ _____ = | |
| X \$ _____ = | |
| + \$ _____ = | |
| TOTAL | |

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-----------------------------------------------------------------|----------------------------------|------------------------------------|---------------|
| 9.2.04 | | | |
| Total (37 CFR 1.16(c)) | 27 | Minus ** 43 | = — |
| Independent (37 CFR 1.16(b)) | 2 | Minus *** 3 | = — |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | |

| RATE | ADDITIONAL FEE |
|-----------------|----------------|
| X \$ _____ = | |
| X \$ _____ = | |
| + \$ _____ = | |
| TOTAL ADD'L FEE | |

| RATE | ADDITIONAL FEE |
|-----------------|----------------|
| X \$ _____ = | |
| X \$ _____ = | |
| + \$ _____ = | |
| TOTAL ADD'L FEE | |

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-----------------------------------------------------------------|----------------------------------|------------------------------------|---------------|
| | | | |
| Total (37 CFR 1.16(c)) | | Minus ** | = |
| Independent (37 CFR 1.16(b)) | | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | |

| RATE | ADDITIONAL FEE |
|-----------------|----------------|
| X \$ _____ = | |
| X \$ _____ = | |
| + \$ _____ = | |
| TOTAL ADD'L FEE | |

| RATE | ADDITIONAL FEE |
|-----------------|----------------|
| X \$ _____ = | |
| X \$ _____ = | |
| + \$ _____ = | |
| TOTAL ADD'L FEE | |

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-----------------------------------------------------------------|----------------------------------|------------------------------------|---------------|
| | | | |
| Total (37 CFR 1.16(c)) | | Minus ** | = |
| Independent (37 CFR 1.16(b)) | | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | |

| RATE | ADDITIONAL FEE |
|-----------------|----------------|
| X \$ _____ = | |
| X \$ _____ = | |
| + \$ _____ = | |
| TOTAL ADD'L FEE | |

| RATE | ADDITIONAL FEE |
|-----------------|----------------|
| X \$ _____ = | |
| X \$ _____ = | |
| + \$ _____ = | |
| TOTAL ADD'L FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.